



831800981000

Mississippi Application for Automatic Six-Month Extension for Corporate Income and Franchise Tax Return

WCC



An automatic 6-month extension of time will be allowed if Form 83-180 is properly filed by the due date with all required taxes remitted. Additional extensions of time beyond the 6-month automatic extension will not be granted. The State Tax Commission will not return a confirmation.

▶ For Calendar Year Or Fiscal Year Ending FEIN -

Name of Corporation Mailing Address

City State ZIP + 4 Telephone ()

1. If this tax year is for less than 12 months, enter date tax year begins and ends

Check reason: ☐ Initial Return ☐ Final ☐ Change in Accounting Period ☐ Other

Round All Amounts to Nearest Dollar

2. Enter amount of extension payment. If filing a combined return, enter amount to be allocated to the reporting corporation. ▶

This section is to be completed if you are making a franchise tax payment on behalf of one or more members in your group. You must provide the name, FEIN, and amount of payment. Each line entry constitutes a separate payment by the identified corporation. A payment by one corporation cannot be claimed by another corporation. Negative amounts are not allowed.

Name of Other Members of an Affiliated Group	Federal Employer Identification Number	Amount of Payment
3. ▶ <input type="text"/>	- <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	▶ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
4. ▶ <input type="text"/>	- <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	▶ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
5. ▶ <input type="text"/>	- <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	▶ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
6. ▶ <input type="text"/>	- <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	▶ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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9. ▶ <input type="text"/>	- <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	▶ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
10. ▶ <input type="text"/>	- <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	▶ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

11. Total of amounts entered on lines 3 through 10.

12. Total of all amounts from Form(s) 83-181

13. Total Payment with this Extension. (Add Lines 2, 11, and 12 and enter total.)

NOTE: Each corporation "doing Business" in Mississippi must file a separate combination return and may claim only those payments specifically identified as payments by such corporation. Specifically identified payments include 1) a separate check/remittance payment attached to Form 83-300 with the corporation's name and FEIN provided, 2) a payment line entry as indicated on lines three (3) through ten (10) of this page, on lines provided on page 2 of this form, or on lines provided on Form 83-181, 3) a separate check/remittance payment attached to the corporation's return (not its parent or other related member) and identified on the "amount paid with this return" line, and 4) a separate check/remittance payment attached to a notice of deficiency or other notice requesting payment issued by the Corporate Tax Division. For additional information about the filing of returns, please see our web site: www.mstc.state.ms.us

Mail to:

Office of Revenue
P.O. Box 23050
Jackson, MS 39225-3050

I declare under the penalties of perjury, that this return (including any accompanying schedules) has been examined by me and to the best of my knowledge and belief is a true, correct, and complete return.

For additional information about the filing of returns, please see our website: www.mstc.state.ms.us

Signature of Officer or Agent

Title

Date